



Examining the Impact of Parental Risk on Family Functioning Among Homeless and Housed Families

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The present study used data from 132 families that were homeless and a comparison group of 434 housed families in order to compare family functioning across the two groups. Family functioning was assessed by family support workers when the families sought help from one of seven family service agencies in Washington, DC. Multiple regression models showed that there were few differences between homeless and housed families; a difference that did emerge showed that homeless families fared better than housed families in terms of children's developmental stimulation. However, when considering the compounding effects of additional family risk factors, adverse effects of homelessness were observed. As compared with housed families, homeless families with a history of parental mental illness had limited access to support networks and poorer interactions with their children. Poor financial and living conditions were observed among homeless families with histories of substance use. Policy implications and directions for future research are discussed.

Keywords: homelessness, parenting, multiple risks

Families with children make up over a third of the homeless population in the United States (Burt et al., 1999). While the literature documenting the deleterious effects of poverty and homelessness on children's health and development is growing (Buckner, 2008; Molnar, Rath, & Klein, 1990; Rafferty & Shinn, 1991; Weinreb, Goldberg, Bassuk, & Perloff, 1998), very few studies have focused specifically on dynamics within homeless families (Danesco & Holden, 1998; Lindsey, 1998). Instead, much of the research on homeless families has focused on identifying the predictors of homelessness among poor families (Bassuk et al., 1997; Wood, Valdez, Hayashi, & Shen, 1990)—concentrating on understanding the causes of homelessness rather than the consequences for family dynamics (i.e., the ways in which family members interact with one another). Given that many of the high risk conditions that have been studied for their negative impact on parents and children come together in the condition of homelessness (Hausman & Hammen, 1993), inquiry into functioning within families who experience homelessness is particularly needed.

The stressors that accompany homelessness (lack of access to housing, low economic resources, inadequate social support networks) may challenge family dynamics and the qualities of parenting associated with child well-being (i.e., nurturance, discipline,

monitoring, management, and developmentally appropriate stimulation). Negative life events have been associated with more inconsistent discipline (Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1993) and parents who lack parenting resources such as informational, emotional, and social supports experience more challenges in creating meaningful interactions with their children (Torquati, 2002). Homeless mothers have reported that a lack of social support, dearth of resources for life skills training, and limited access to parenting skills education create a sense of hopelessness and a lack of confidence in their parenting abilities (Swick & Williams, 2006).

In addition to coping with the disruptive experience of losing a home, homeless parents face the challenge of rearing children in an environment that is not solely their own. Shelter rules and lack of private space strain parents' sense of authority (Friedman, 2001; Lindsey, 1998; Thrasher & Mowbray, 1995). Homeless parents, for example, do not have control over daily family routines such as meal or bed times and are often chastised by other parents for their parenting. Mothers' experiences of being externally controlled by shelter rules have been noted as one of the factors challenging family dynamics among sheltered families (Boxil & Beaty, 1990; Cosgrove & Flynn, 2005; Lindsey, 1998). Compounding the challenge of parenting in the midst of external rules and scrutiny, homeless families may have to deal with chaotic and unsafe environments, as shelters can be crowded with residents of all ages, some who may be emotionally unbalanced or aggressive (Anooshian, 2005; Friedman, 2001).

Homelessness and Parenting

Homelessness typically emerges in conditions of low economic resources. Studies that consider low-income housed families,

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along with homeless ones, comprise an important comparison in determining whether the experience of homelessness represents an additional risk for children and families beyond that associated with low income. While studies employing designs that match homeless and housed families and examine parenting are scarce, the differences that have been documented between homeless and low-income housed families vary depending on the methodological approach used, family member in question (mother vs. child), and the outcomes measured. Easterbrooks and Graham (1999), for example, found few effects of housing status on parenting variables, while Koblinsky, Morgan, and Anderson (1997) found that mothers who were homeless demonstrated less warmth and provided their children with less cognitive and social stimulation compared to housed poor mothers.

Instability and Family Functioning

The additional stress of housing instability and loss may strain the already vulnerable functioning of families with scarce resources. Research examining the effects of financial pressure and income loss on families has found that financial pressure undermines parents' psychological and emotional resources, thereby disrupting parent-child interactions (Conger & Conger, 2000; Dodge, Pettit, & Bates, 1994). Findings from research on families experiencing income loss suggest that the ways that parents adapt to the stress of instability may be central to how homelessness will influence family dynamics. Parents who develop positive and supportive relationships with their children, in spite of the hardships of living in poverty, can create environments that may reduce the developmental risks that are normally associated with economic deprivation for children (Cowen, Wyman, Work, & Parker, 1990; McLoyd, 1990). For example, among families living in an economically depressed community, parents who were able to remain nurturing and involved had children who were more likely to do well in school, have positive peer relationships, have more self confidence, and exhibit less emotional distress (Conger & Conger, 2000). Alternatively, should homelessness precipitate additional problems, such as parental substance use or mental health problems, it is reasonable to expect a decline in family functioning.

Two of the most cited comorbid conditions among homeless adults are substance use and mental health problems. While mental health or substance use problems are not major causes of homelessness among families (Burt & Cohen, 1989), there is evidence that the conditions of poverty and homelessness have a consistent negative effect on mothers' day-to-day mental health (McChesney, 1990). Nearly half of homeless mothers score above the clinical cutoff for depression (Edelman & Mihaly, 1989; Molnar, Rath & Klein, 1990) and homelessness itself has been characterized as a psychological trauma (Goodman, Saxe, & Harvey, 1991). In comparison to low-income housed women, mothers experiencing homelessness receive less emotional and instrumental support and experience more conflicted relationships (Bassuk et al., 1996; Passero, Zax, & Zozus, 1991). Homeless mothers tend to report significantly higher levels of intrafamily strain than housed poor or low-income mothers, citing difficulties such as emotional problems among family members, increased arguing between parents and children, and an increase in the number of family problems that go unresolved (Wagner & Menke, 1991). Findings from

studies examining substance abuse among homeless and never-homeless poor adults suggest that the first episode of homelessness generally follows the first serious symptoms of substance abuse (Toro & Wall, 1991) and that substance abuse may play a critical role in maintaining homelessness (Toro et al., 1995). While homeless families are less likely to report substance abuse, as compared with individuals who are homeless, they are more likely to report substance abuse in comparison to other low income families (Bassuk et al., 1997; Burt et al., 1999).

Another condition that may co-occur with homelessness but has received less attention is disability. Although approximately one out of 10 American families is parented by at least one parent with a disability (Kirshbaum & Olkin, 2002), parents with disabilities experience prejudice about their rights or abilities to parent (Kirshbaum, 2000). Given that over a third of women with disabilities live in poverty and face exceptionally high rates of food and housing insecurity (Jans & Stoddard, 1999; Parish, Rose, & Andrews, 2007), we consider whether having a disability in addition to experiencing homelessness influences family dynamics.

Present Study

Although previous research has demonstrated few differences between homeless and housed parents in terms of their parenting skills, mental health, and other personal characteristics (Bassuk et al., 1996; Koblinsky et al., 1997; Toro et al., 1995), it is not known how the presence of additional risk factors may differentially influence parenting for homeless and housed families. The limited research that has examined homogeneity within homeless families suggests that families can be differentially categorized based on reports of parenting stress and major life concerns (Danesco & Holden, 1998). In order to understand whether the presence of additional risk factors influences parenting, the present study had two primary goals. The first was to identify differences between homeless and housed families in terms of their parenting skills and family resources. Based on previous research (Bassuk et al., 1996; Buckner & Bassuk, 1997; Easterbrooks & Graham, 1999; Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993), we hypothesized that homeless and housed families would have similar levels of parenting skills and resources, given their exposure to a common set of poverty related risks. The second goal was to examine whether additional risk factors compounded the adverse effects of homelessness on families. In particular, poor mental health, substance use, and disability were hypothesized to be positively correlated with poor outcomes when these conditions were experienced in the context of family homelessness.

Method

Participants

The present study utilized an original dataset collected on low-income families receiving social services in the District of Columbia from seven nonprofit human service providers between Octo-

ber 1, 2007 and September 30, 2008.¹ These neighborhood-based centers provide a variety of services to families with one or more children in order to prevent child abuse and neglect. By capitalizing upon rich demographic, program enrollment and family functioning data, we were able to draw a two-group sample that enabled us to test hypotheses related to the impact of homelessness on family wellbeing.

The group of homeless families was drawn from the first cohort of families enrolled in a transitional housing program for homeless parents with children leaving the family shelter system. The objective of the program was to prepare families for permanent housing by stabilizing immediate needs and increasing self-sufficiency through wraparound family support services and the provision of apartment housing. Because our measures were collected at a baseline assessment that took place around the time of enrollment, they reflect family functioning prior to the receipt of these services. The comparison group of housed families was drawn from the full set of families that sought services voluntarily from one of the seven providers throughout the year. These families were not recruited for participation by any special means and were only eligible for services if they had one or more children. Families whose case data identified them as "homeless" were regrouped from the comparison sample into the homeless sample. Among those that remained in the comparison group, housing conditions varied in terms of stability and safety.² For both groups, inclusion in the present study was limited to those families who had completed baseline assessments (homeless $n = 132$; housed $n = 434$).

The total sample included 566 observations. Table 1 displays summary statistics for the homeless and housed groups, as well as for the full sample. Given that few statistically significant demographic differences existed between families by group, the dataset was well suited for analyses attempting to isolate the effect of homelessness and its compounding factors. The sample was 86% African American, and while there was a significant share of Hispanics (10%), more than 90% of families were English-speaking. Families were very likely to be headed by an unmarried female (86%) and had similar numbers of children ($M = 2.3$, $SD = 1.4$). The sample ranged in age from 17 years to 85 years, with approximately one quarter (27%) under the age of 30 years ($M = 38.1$, $SD = 11.4$). Nearly half of the sample (48%) resided in wards 7 or 8, the District's most impoverished areas. The incidence of drug abuse, physical disability, mental illness, involvement in the child welfare system, and receipt of child support was similar across groups, each typically covering between 10% and 20% of the two samples. Heads of household were equally educated across groups, with 63% of the sample having graduated from high school or possessed a GED. Families in the sample were likely to be unemployed (61%) and 54% were on some form of financial welfare, though rates of welfare receipt and employment were significantly different between the two groups.

Design and Procedures

The unit of analysis in this study is the family. We capitalized upon unique, cross-sectional data collected on program participants through two assessments, an intake form and an assessment of family functioning; each conducted within 30 days of case initiation and before services were provided. The intake assess-

ment was completed upon the first contact of the head of household with the service provider. After this data was collected, a credentialed family support paraprofessional was assigned to each family. They completed three or four sessions of initial assessments with the families in their homes (or shelters), after which they completed the Family Assessment Form (FAF). The psychosocial measures on the FAF were intended to guide the design, implementation and revision of client case plans by observationally tracking areas of concern and improvement for families. The instrument was intended to be completed based on workers' in-home observations and scored during an assessment period following home visits. Both the intake survey and the FAF have been used in practice by the providers, and all field staff received substantial training in survey administration and data entry. The quality of these data was ensured by several assurance checks by licensed social workers who oversaw the activities of the paraprofessional field staff.

Measures

Covariates

The demographic characteristics of the head of household were collected through an initial intake interview. These data included information on householders' gender, race, age, number of children, sources of income, involvement with public agencies, medical histories, education, and employment. Information regarding the householder's history of mental health problems, substance abuse, and physical disabilities was also collected in this assessment. These data were obtained through an interview with the householder seeking services for his or her family upon first contact with a provider and were coded electronically into a computerized database.

Information from the intake assessment was dummy coded (0, 1) and used as controls in the analyses. For example, marital status was coded as a 1 if the householder reported having a life partner, common law marriage, or being married. Those who were single, separated, divorced, or widowed were given a score of 0. For education, a score of 1 was given if the householder had at least a high school degree or its equivalent. Householders who were enrolled in adult classes or engaged in full- or part-time work were characterized as employed. Finally, families that reported any monthly income from Temporary Assistance for Needy Families (TANF), food stamps, Social Security, or disability payments were coded as welfare recipients.

Moderators

The variables hypothesized to moderate the effects of homelessness were also drawn from the intake assessment. Mental illness was determined by responses to the question, "Have you ever been treated for a mental health condition?" This response was coded 1

¹ See www.dccollaboratives.org for more information.

² Additional analyses comparing the homeless group to those with stable single-family housing suggested that the pattern of results were identical to what have been reported here. As a result of using a broad definition for the housed comparison group, our estimates of the differences between the two groups tend to be conservative.

Table 1
Summary Statistics

	Difference	Pooled (<i>N</i> = 566)		Housed (<i>n</i> = 434)		Homeless (<i>n</i> = 132)	
		Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>
Living conditions (raw)		2.79	.68	2.77	.69	2.85	.64
Financial conditions (raw)		2.65	.64	2.65	.65	2.65	.58
Supports to caregivers (raw)		2.92	.58	2.92	.60	2.95	.52
Caregiver/child interactions (raw)	*	2.96	.63	2.92	.65	3.08	.56
Developmental stimulation (raw)	**	2.90	.65	2.83	.67	3.09	.55
Composite score (raw)	†	2.84	.53	2.82	.55	2.92	.45
Age		38.09	11.35	38.41	11.39	37.02	11.19
Number of children		2.36	1.39	2.39	1.40	2.21	1.34
Male householder		8.0%		9.0%		5.3%	
Married		8.4%		8.1%		8.9%	
Involved in child welfare		16.1%		17.1%		13.8%	
Receiving financial welfare	**	53.7%		44.2%		84.8%	
Receiving child support		5.7%		5.8%		5.3%	
Mental illness		14.9%		13.5%		18.7%	
Physical disability		14.4%		12.5%		19.4%	
Drug abuse		11.5%		11.8%		10.8%	
High school diploma/GED (%)		62.9%		62.9%		62.8%	
College graduate (%)		2.0%		1.9%		2.1%	
Employed (%)	**	39.0%		43.4%		26.8%	

† $p < .10$. * $p < .05$. ** $p < .01$.

if “Yes” and 0 if “No.” Drug abuse was determined by respondents’ answers to two questions: “Have you ever had problems related to alcohol or drug abuse?” and “Have you ever been treated for alcohol or drug abuse?” An affirmative response to either question was coded as 1, indicating the presence or history of a problem. “No” responses to both questions were coded as 0. Finally, physical disability was identified by the question, “Do you have any physical disabilities?” Again, responses were coded 1 if “Yes” and 0 if “No.”

Family Functioning

The Family Assessment Form (FAF) is a 38-item instrument designed by human service professionals to better document families’ growth in six distinct areas of family functioning. For more than 10 years, the FAF has been used as an evaluative tool for human service agencies throughout the United States. Originally designed by service providers, the instrument has since been tested and revised to ensure its reliability and validity. The instrument’s construct and interrater validity was first confirmed by a rigorous experimental study in Los Angeles (McCroskey & Meezan, 1997) and was subsequently confirmed in other research settings (Amland, 1996; Edwards, 2001; Meezan & O’Keefe, 1998). Internal consistency has been reported through subscale alphas ranging from .71 to .92 (McCroskey, Sladen, & Meezan, 1997).

The FAF collects information across six domains of family well-being: living conditions, financial conditions, supports to caregivers, caregiver–child interactions, developmental stimulation, and caregiver interactions. The living conditions domain is characterized by the cleanliness, orderliness, and safety of the family’s home or dwelling (including shelters). Financial conditions refer to the availability of amenities and financial supports to a family and how they’re managed. Supports to caregivers include community involvement, the availability of health and child care,

and the caregiver’s ability to maintain long-term relationships. Caregiver–child interactions are defined by the caregiver’s use of discipline, understanding of child development, and emotional investment in children. Finally, developmental stimulation refers to the availability of activities and environmental conditions that promote children’s cognitive stimulation. The caregiver interactions scale was not collected for the current sample.

Measure items are defined with a general description and each rating corresponds to a definition meant to anchor responses and increase consistency and objectivity among raters. For example, one item in the supports to caregivers domain entitled “Support from Friends and Neighbors and Community Involvement” refers to “involvements/connections in society and community that offer positive support for [the] family.” Item responses are distributed on a 9-point scale, with the lowest score (1) representing unusual strengths of a family and the highest score (5) representing areas of particular weakness. Survey administrators are given the option to rate at the midpoint between two numbers (e.g., 2.5). The lowest score indicates that the family “maintains strong support and reciprocal network of friends and neighbors; [is] active in community; [or] regularly attends community functions (e.g., church, recreational, cultural).” For analytic purposes, all items were reverse-coded so that a higher score would indicate higher family functioning across each of the domains, and were then standardized. As a result, model estimates reflect intercept shifts in terms of standard deviations from the mean.

In order for a domain to be considered complete, responses had to be given for the majority of items. If the majority of items were completed, domain subscores were calculated by averaging the values of all nonmissing items for each family in order to take advantage of all available data. Similarly, a composite score was computed by averaging the domain subscores across the entire instrument, as long as the majority of domains had been completed.

Results

Descriptive Analyses

A number of descriptive and demographic variables were examined for whether they varied across homeless and housed families. For categorical variables, chi-square analyses were used, and *t* tests were used for continuous variables. Only a few significant demographic differences emerged. Homeless householders (26.8%) were significantly less likely than housed householders (43.4%) to be employed, $\chi^2(1, N = 362) = 8.22, p < .01$. Homeless families (84.8%) were also significantly more likely to be on some form of financial welfare than housed families (44.2%; $\chi^2(1, N = 566) = 67.14, p < .01$). We found no significant differences across groups in terms of marital status or incidence of the hypothesized risk factors (mental illness, drug abuse and physical disability; see Table 1).

In terms of family functioning, homeless families fared better than housed families on measures of caregiver-child interactions, $t(508) = 2.56, p < .05$, children's developmental stimulation, $t(477) = 3.75, p < .01$, and the overall composite score on the Family Assessment Form, $t(564) = 1.84, p = .07$. There were no significant differences between homeless and housed families on the remaining three domains of family functioning: living conditions, financial conditions, and supports to caregivers.

Model Specification

In order to parse out the additive and interactive effects of homelessness and other family risk factors, we examined main effects and interactions using multivariate ordinary least squares regression techniques. The models that were examined can be represented as:

$$\gamma = \beta_0 + \beta_1 x_1 + \beta_2 v + \varepsilon \quad (1)$$

$$\gamma = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_1 \times x_2 + \beta_4 v + \varepsilon \quad (2)$$

where γ is the outcome of interest (one of five individual domain subscores and the composite score from the FAF); x_1 represents the dummy variable for homelessness; x_2 is one of three hypothesized risk factors (mental illness, drug abuse, or physical disability); $x_1 \times x_2$ is the interaction term of the two main effects; and v

is a vector of controls. The error term is represented by ε . The first model was employed to test the first hypothesis, that differences across groups would be small in magnitude. The second model tested the second hypothesis, that the adverse effects of homelessness might be more pronounced in the face of additional family risk factors.

Multivariate Comparisons of Homeless and Housed Families

Multiple regression was used to fit Model 1 and examine the impact of homelessness on all six outcomes (five domains of family functioning and a composite score). These analyses included the set of covariates controlling for marital status, employment, education and receipt of welfare benefits. The results are shown in Table 2. Differences in family functioning outcomes were minimal across groups. After accounting for these covariates, the only statistically significant difference between homeless and housed families was on children's developmental stimulation ($\beta = 0.34, SE = 0.12, p < .01$). As in the *t* tests reported earlier, homeless families were rated higher in developmental stimulation of children than housed families.

The Moderating Effects of Mental Illness, Drug Abuse, and Physical Disability

Three risk factors—history of mental illness, drug abuse, and physical disability—were identified as potential moderators of the relationship between homelessness and family functioning. Tables 3 and 4 show the results from the regression models examining the effects of mental illness and drug abuse on outcomes in the five domains of the FAF, as well as the composite score. Statistical analyses for physical disability are not reported because it was not a significant moderator in any of the analyses that were examined. Parental history of mental illness moderated the association between homelessness and a family's overall level of well-being. There was a trend suggesting that families experiencing both homelessness and parental mental illness had lower functioning than housed families without mental illness ($\beta = -0.56, SE = 0.32, p = .09$). Homeless households with a history of mental illness were rated approximately one half of a standard

Table 2
OLS Regression Estimates of Homelessness on Family Functioning Outcomes

	Composite	Living conditions	Financial conditions	Supports to caregivers	Crg./Chld. interaction	Developm. stimulation
	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)
Homeless	0.110 (0.109)	0.065 (0.123)	0.031 (0.115)	-0.101 (0.110)	0.189 (0.116)	0.337** (0.121)
Married	-0.385 [†] (0.216)	-0.120 (0.183)	-0.324 (0.228)	-0.374 [†] (0.203)	-0.305 (0.238)	-0.428 (0.286)
Employed	0.417** (0.127)	0.284* (0.121)	0.484** (0.131)	0.366** (0.121)	0.279* (0.125)	0.191 (0.129)
HS/GED	0.180 (0.110)	0.130 (0.112)	0.189 [†] (0.114)	0.146 (0.113)	0.211 [†] (0.121)	0.158 (0.121)
Welfare	0.053 (0.144)	-0.070 (0.144)	-0.147 (0.146)	0.152 (0.148)	0.214 (0.152)	-0.047 (0.151)
Constant	-0.335* (0.152)	-0.152 (0.154)	-0.222 (0.156)	-0.305 [†] (0.155)	-0.417* (0.162)	-0.183 (0.152)
r^2	0.058	0.029	0.088	0.050	0.046	0.046
<i>N</i>	338	325	319	322	306	291

Note. Robust standard errors are used throughout; coefficients are in terms of standard deviations.

[†] $p < .10$. * $p < .05$. ** $p < .01$.

Table 3
OLS Regression Estimates of Homelessness and Mental Illness on Family Functioning Outcomes

	Composite	Living conditions	Financial conditions	Supports to caregivers	Crg./Chld. interaction	Developm. stimulation
	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)
Homeless	0.200 [†] (0.117)	0.107 (0.138)	0.090 (0.124)	0.008 (0.121)	0.321* (0.128)	0.393** (0.134)
Mentally ill	0.095 (0.205)	-0.094 (0.194)	0.068 (0.218)	0.184 (0.170)	0.347 [†] (0.184)	0.340 [†] (0.191)
Interaction	-0.555 [†] (0.321)	-0.226 (0.338)	-0.233 (0.326)	-0.684* (0.297)	-0.992** (0.318)	-0.411 (0.348)
Married	-0.416 [†] (0.220)	-0.190 (0.196)	-0.410 [†] (0.243)	-0.353 [†] (0.197)	-0.292 (0.236)	-0.467 (0.301)
Employed	0.426** (0.129)	0.273* (0.122)	0.461** (0.133)	0.388** (0.125)	0.343** (0.131)	0.203 (0.133)
HS/GED	0.236* (0.113)	0.167 (0.116)	0.240* (0.117)	0.198 [†] (0.115)	0.259* (0.125)	0.214 [†] (0.124)
Welfare	0.116 (0.148)	0.006 (0.149)	-0.127 (0.152)	0.203 (0.151)	0.259 (0.159)	-0.058 (0.160)
Constant	-0.463** (0.159)	-0.242 (0.158)	-0.308 [†] (0.165)	-0.434** (0.164)	-0.559** (0.173)	-0.245 [†] (0.163)
r^2	0.070	0.032	0.088	0.066	0.077	0.062
N	317	305	298	302	286	273

Note. Robust standard errors are used throughout; coefficients are in terms of standard deviations.

[†] $p < .10$. * $p < .05$. ** $p < .01$.

deviation lower on overall wellbeing when compared to housed families with no history of mental illness. Neither drug abuse nor physical disability was a significant moderator of overall family well-being. To examine these relationships more closely, we regressed the five individual family functioning domains on the homelessness variable, interaction term, and covariates.

The effect of homelessness on caregiver-child interactions was significantly moderated by mental illness among heads of household. As can be seen in Table 3, the main effect of homelessness suggested more favorable caregiver-child interactions among homeless families than housed families ($\beta = 0.32$, $SE = 0.13$, $p < .05$). However, the interaction with mental illness was significant, such that the additive effect of homelessness and history of mental illness was associated with the poorest caregiver-child interactions. Homeless families with mentally ill householders scored almost one standard deviation lower than housed, non-mentally ill families on this scale ($\beta = -0.99$, $SE = 0.32$, $p < .01$). Figure 1 illustrates the interaction of homelessness and mental illness on caregiver-child interaction scores.

The same pattern was observed for the relationship between homelessness and supports to caregivers. Although homelessness alone did not significantly predict the level of support available to caregivers, homeless families that also experienced mental illness were rated as significantly lower on this measure ($\beta = -0.68$, $SE = 0.30$, $p < .05$). Compared to housed families with no history of mental illness, homeless families with mentally ill householders were rated nearly 0.7 standard deviations lower in availability of support to caregivers. Neither drug abuse nor physical disability was a significant moderator of the relationship between homelessness and supports to caregivers.

For the living conditions domain, the effect of homelessness was significantly moderated by a history of drug abuse among heads of household. The results in Table 4 indicate that while the main effect of homelessness was not significant, families that experienced both drug abuse and homelessness had significantly worse living conditions than housed families with drug-free householders ($\beta = -0.70$, $SE = 0.30$, $p < .05$). These homeless families scored 0.7 standard deviations lower than the average comparison family

Table 4
OLS Regression Estimates of Homelessness and Drug Abuse on Family Functioning Outcomes

	Composite	Living conditions	Financial conditions	Supports to caregivers	Crg./Chld. interaction	Developm. stimulation
	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)
Homeless	0.139 (0.122)	0.116 (0.133)	0.096 (0.119)	-0.133 (0.125)	0.181 (0.132)	0.353** (0.132)
Drug abuse	-0.028 (0.199)	-0.030 (0.198)	-0.245 (0.234)	-0.099 (0.174)	0.006 (0.187)	0.029 (0.225)
Interaction	-0.386 (0.285)	-0.704* (0.302)	-0.736* (0.371)	-0.021 (0.250)	-0.048 (0.335)	0.016 (0.378)
Married	-0.432* (0.218)	-0.196 (0.188)	-0.391 [†] (0.234)	-0.338 [†] (0.197)	-0.307 (0.244)	-0.486 (0.298)
Employed	0.390** (0.132)	0.243 [†] (0.127)	0.430** (0.135)	0.322* (0.125)	0.272* (0.133)	0.192 (0.135)
HS/GED	0.224 [†] (0.116)	0.109 (0.112)	0.263* (0.118)	0.188 (0.118)	0.254 [†] (0.129)	0.212 [†] (0.126)
Welfare	0.054 (0.150)	-0.045 (0.150)	-0.136 (0.154)	0.172 (0.150)	0.200 (0.160)	-0.094 (0.160)
Constant	-0.361* (0.168)	-0.138 (0.166)	-0.237 (0.172)	-0.318 [†] (0.167)	-0.435* (0.182)	-0.209 (0.172)
r^2	0.066	0.041	0.126	0.050	0.049	0.058
N	312	300	294	296	281	269

Note. Robust standard errors are used throughout; coefficients are in terms of standard deviations.

[†] $p < .10$. * $p < .05$. ** $p < .01$.

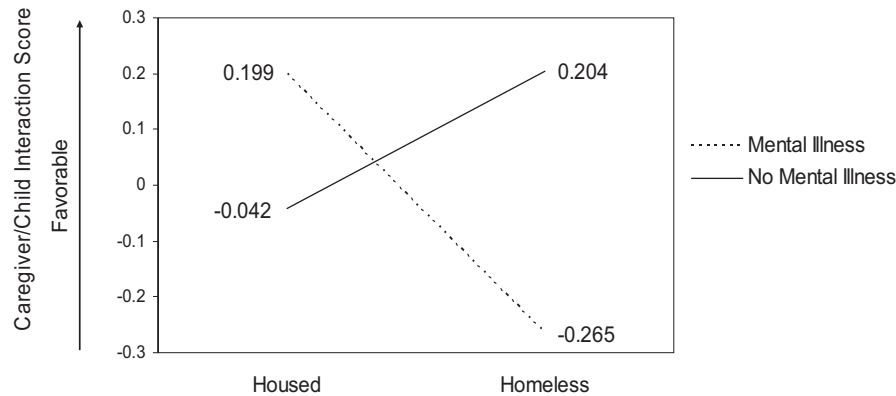


Figure 1. The interactions of homelessness and mental illness on caregiver/child interactions (in standard deviation units).

on measures of living conditions. There was no evidence that either mental illness or physical disability significantly moderated the effects of homelessness on living conditions.

Families' financial conditions were similarly sensitive to the interaction of drug abuse and homelessness. Table 4 also shows that homeless families with drug-abusing heads of household experience significantly worse financial conditions than housed, drug-free families ($\beta = -0.74$, $SE = 0.37$, $p < .05$). Once again, there was no evidence that mental illness or physical disability moderated the effect of homelessness on financial conditions.

For children's developmental stimulation, none of the moderators that were examined significantly interacted with homelessness. Indeed, across all of the models, homeless families were rated as providing more developmental stimulation to children than housed families. The presence of additional risk factors did not alter this effect.

Overall, there were few significant main effects of homelessness, and none were associated with poorer outcomes. However, examining the interaction effects of homelessness and additional risk factors revealed adverse outcomes for particular risks in particular domains. For families that experienced a history of mental illness, those who were homeless were rated lower in supports to caregivers, caregiver-child interaction, and overall family functioning. For families with a history of drug abuse, homelessness was associated with poorer financial and living conditions. Since the adverse effects of homelessness were only observed when interacted with an additional risk factor, it appears to be the confluence of family risk and homelessness, and not the marginal effect of either, that is most salient in predicting poorer family functioning.

Discussion

Mindful of the differences between families that are chronically homeless and those who may intermittently experience homelessness in the face of a particularly weakened economy, the present study aimed to examine the differences between homeless and housed disadvantaged families in terms of their parenting and overall family functioning. As the housing crisis continues to become more severe, the differences between families that are homeless and other poor families will likely narrow (Buckner, 2008). In an attempt to identify the families at greatest risk for poor

outcomes, a set of moderators were examined with the belief that families who were homeless and possessed additional risk factors would be the most likely to have problems with parenting and other aspects of family functioning.

The present study contributes to the literature on homeless families in three important ways. First, it is one of few that directly analyzed administrative data on community-based social services to answer empirical questions surrounding homelessness. As such, the samples of both homeless and housed families were larger than typically seen in this type of research (with a few notable exceptions; see Ziesmer, Marcoux, & Marwell, 1994). Second, to our knowledge, no study of family homelessness has examined moderators in order to understand the compounding effects of additional stressors among these already high-risk families. Finally, although there is a sizable literature on children who are homeless, few previous studies have examined parenting and family functioning among homeless and housed families and even fewer have examined these relationships in comparative perspective using an appropriate comparison group of housed, disadvantaged families.

The first hypothesis examined was that the differences between homeless and housed families would be small or nonsignificant. Given that both groups tend to experience large numbers of environmental risks, the experience of homelessness is not often substantially more stressful than the situations surrounding it (Tishcler, Rademeyer, & Vostanis, 2007), and previous research has identified few differences when homeless families are compared to other poor families (Bassuk et al., 1996; Easterbrooks & Graham, 1999). The results of our study are generally consistent with the extant literature, as there were no differences between homeless and housed families on five of the six domains that were examined. The only significant difference between the groups was on the developmental stimulation domain, for which homeless families tended to have more favorable scores. Although this is contrary to what would be expected, it is possible that the environments of family shelters may provide more structured opportunities for play and other stimulating activities than the homes of disadvantaged families.

The second hypothesis was that differences between homeless and housed families would be apparent primarily in the face of an additional risk factor. In order to test this, we examined the

moderating effect of parental mental illness, substance abuse, and physical disability on the relationship between homelessness and family functioning. The results suggested that drug abuse and mental illness were, in fact, significant moderators of the effect of homelessness on family functioning even when controlling for important variables such as marital status, educational attainment, and employment. The evidence showed that when compounded by drug abuse or mental illness, homelessness consistently predicted significantly poorer outcomes in four of five family functioning domains and on assessment scores as a whole. However, physical disability was not a significant moderator of the relationship between homelessness and family functioning, and none of the interaction models predicted differences with respect to the level of children's developmental stimulation.

Our data suggest that the presence or history of parental substance abuse, when experienced in the context of homelessness, significantly impairs families' living and financial conditions, as compared with housed, drug-free families. These families were characterized by inadequate or hazardous cleanliness and safety conditions, and significant degrees of financial stress, impaired financial management, and a lack of necessary material supports to the family. In an interesting finding, the nonsignificant coefficients on the main effect suggest that homelessness itself does not significantly predict shifts in family functioning for families free of drug abuse.

Perhaps the most interesting findings, in terms of both consistency and magnitude, were with regard to the moderating influence of parental mental illness. Families that experienced homelessness in which the head of household also reported a history of mental illness were rated the lowest in terms of caregiver-child interactions, supports to caregivers, and the composite score representing overall family functioning, domains that were more reflective of parenting skills. These families tended to use harsh and inconsistent discipline strategies, have poorer communication with and attachments to their children, less understanding of child development, and poorer childcare and health care. Deficits in these particular domains of parenting, along with poor childcare and health care, have been linked to poorer child outcomes, including lack of school readiness (Magnuson & Waldfogel, 2005; Schor, Abrams, & Shea, 2007). This type of parenting has also been identified as being more likely among depressed mothers experiencing economic deprivation (Kiernan & Huerta, 2008). It is also interesting to note that there were no differences between housed families with and without histories of mental illness in any of these domains. Thus, either having a place to live protects families from the potentially negative consequences of parental mental illness, or mental illness in the face of homelessness presents a compounding of risks, such that the effects are more detrimental than when either of these risks occurs in isolation. Given that differences between homeless and housed families only emerged in the face of parental mental illness, and that homeless families with histories of mental illness had lower scores than any of the other groups of families, the latter is more probable. As has been noted in previous research, it is also likely that mental illness may be more persistent or severe among homeless families than housed families (Bassuk et al., 1996; Passero et al., 1991). Furthermore, the literature on cumulative risk suggests that the compounding effects of multiple risks tend to be more negative than the effect of any single risk in isolation (Hanson & Carta, 1995). For the present study, it seems that neither mental illness nor homelessness significantly impacted

family functioning on its own, but the risk for poor outcomes increased dramatically when the two risks occurred together.

Although physical disability was also examined as a potential moderator, it was not related to family functioning, either independently or when interacted with homelessness. However, the lack of significant interactions between homelessness and parental physical disability is not necessarily surprising given that it represents a type of risk that is distinct from mental illness or substance use in that it does not represent a cognitive impairment. Although parents with disabilities may have difficulties engaging their children in play, accessing certain community resources like transportation, or maintaining orderly home environments, these things are not necessarily more salient for homeless families than for housed families. Furthermore, since both poverty and homelessness are considered to be debilitating circumstances (Buckner, Bassuk, Weinreb, & Brooks, 1999; Masten et al., 1993), physical disability likely does not confer significantly more difficulties with respect to parenting and family functioning.

Limitations

The present study was not without limitation. First, there were a number of limitations regarding the measures that were used. For example, the measurement of mental health and drug abuse did not necessarily capture current functioning, as both were self-reported measures of lifetime history of problems. Furthermore, the measure of physical disability was very general and didn't necessarily overlap with receipt of disability payments. As such, the specific type of problems that parents experienced and their severity is not known. Also, the fact that the data were gathered by service providers may suggest that participants may have been unwilling to disclose certain problems—such as substance use problems—that may have hindered their eligibility for services. Even so, the data do indicate something about family risk; in fact, they were likely underreports of family problems, resulting in conservative estimates of the effects, suggesting that the use of more precise measures would yield stronger results. Given the fact that the current study was limited by the availability of the data, future research should use more specific measures of mental health, substance use, and disability in order to better understand the variability within these conditions. Another potential limitation with regard to measurement had to do with the limited perspectives of the observers who rated families on caregiver-child interactions and developmental stimulation. It is possible that the full range of interactions and stimulating activities that occurred within the family was not observed during the assessment. Repeated observations over a longer period of time or combinations of observations and parent reports could have made the measurement of these scales stronger. Second, it is not entirely clear that the choice of the housed group of families was the most appropriate comparison group for the sample of homeless families. Both groups of families were interacting with service agencies for different reasons, which may have been differentially related to their parenting skills. However, our descriptive analyses revealed few differences between the groups, either in their demographic characteristics or parenting skills, suggesting that the comparison group was adequate given the goals of the present study. Finally, it should be noted that caution is warranted when trying to generalize these findings to a larger population of homeless families, due to the wide variation in the living conditions of homeless

families in shelters and transitional programs. Further research is needed in order to determine whether similar results would be observed among other samples of homeless families, including those who are living in the streets, abandoned buildings, or doubled up with other families. Similarly, future work should examine the differences between families experiencing different patterns of homelessness, including chronic, short-term, and episodic homelessness.

Implications for Policy and Practice

The policy implications of these findings are timely, but limited, given the concerns just mentioned. As service providers and policymakers consider whether or not independent living interventions, like the Housing First model, are preferable to family shelters, there is a need to understand which families may benefit the most from parental autonomy (National Alliance to End Homelessness, n.d.). In light of the present study's finding that it is actually the moderating effects of certain risk factors (like mental illness and substance abuse) in combination with homelessness that impairs family functioning, and not homelessness itself, programs and policies should consider which housing setting may be the best for treating such impairments. In particular, given the difficulties in family functioning that were observed in both groups of families, it is plausible that these families would benefit from more long term support arrangements, such as those suggested by family permanent supportive housing models (Nolan, Broeke, Magee, & Burt, 2005), or from a transitional housing program with wraparound support services—precisely the type of services that were being made available to the homeless families in the present study.³

Additionally, the results suggest that proposed interventions must consider what, if any, negative effects could be created by removing families from the resources available in family shelters that are not present in typical low-income households. If indeed children benefit more from the developmental resources of a shelter, as these findings suggest, then addressing family needs in independent living may come at the cost of children's developmental stimulation. Perhaps both homeless and housed families would be well served by additional supports, such as parenting programs, which would help parents to engage in more stimulating and responsive interactions with their children.

Another option to consider when deciding how to distribute limited resources is whether targeting services to families with the most risk would yield the most favorable results, given that families with a history of mental illness or drug abuse who were not homeless did not experience particularly adverse outcomes relative to comparison groups. Alternatively, since our results in no way suggest a causal link between homelessness, risk, and family function, it could be that family histories of mental illness and drug abuse are associated with worse outcomes for families experiencing homelessness because they are markers of more persistent problems, such as poverty, which may have in fact contributed to the family being homeless in the first place (Buckner et al., 1999; Masten et al., 1993). Future research is needed to further tease apart the direction of effects in order to understand the best ways to serve homeless families with children.

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³ A follow-up study will report on the efficacy of this program within the current sample.

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